



STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LICENSING AND REGULATORY SERVICES

Children's Services Program
Nursery School Application

SECTION 1: Facility Information			
Facility/Agency Name:			
Physical Address:			
City:	State:	Zip:	County:
Mailing Address:			
City:	State:	Zip:	County:
Date of Birth:	Telephone No.: ()		Fax No.: ()
Email Address:		Social Security No or State Tax ID:	

SECTION 2: Fees	
APPLICATION FOR NURSERY SCHOOL	
License Type: <input type="checkbox"/> New License (fee \$10) <input type="checkbox"/> Renewal License (fee \$10) License #: _____ (All information must be completed for renewals. Please do not reference prior submissions. Incomplete applications will be returned.) <div style="text-align: right;">Total Fee Enclosed for application</div>	\$ _____
Make check or money order payable to "Treasurer, State of Maine". Do not send Cash. Credit Cards are not accepted at this time. Application fees are non-refundable. <div style="text-align: right;">Total Check/Money Order enclosed: =</div>	\$ _____

For questions regarding this program and/or application, please contact the following:

Department of Health and Human Services
Licensing and Regulatory Services
Children's Services Program
41 Anthony Ave; 11 State House Station
Augusta, ME 04333-0011

Tel: (207) 287-5020 Fax: (207) 287-9304 Toll Free: 1-800-791-4080 TTY users call Maine relay 711
Email: info.dhhs@maine.gov Web: <http://www.maine.gov/dhhs/dlrs/Licensing/children/daycare-nursery.html>

Office Use Only:				
Check# _____	MO # _____	Amount \$ _____	Initials: _____	License# _____

SECTION 3: Facility Information**Type of Operation:**

- | | | |
|--|--|---|
| <input type="checkbox"/> Association | <input type="checkbox"/> Individual Proprietorship | <input type="checkbox"/> Non-profit corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Profit corporation | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Other (describe): _____ | | |

Facility information:

What year was the facility built? _____ Is this facility in a public school? ☐ No ☐ Yes

Services:

What is the largest amount of children to be in your care at any time:

- ☐ 3-12 ☐ 13-20 ☐ 21-49 ☐ 50 ☐ more than 50, indicate how many: _____

This facility will serve (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Infants and toddlers | <input type="checkbox"/> School-age children located in a school |
| <input type="checkbox"/> Preschool children | <input type="checkbox"/> Occasional care program ONLY (ski areas, shopping malls, etc.) |
| <input type="checkbox"/> School-age children | |

Source of Water Supply: If the child care facility has a total of 25 or more children and staff and is not served by a municipal water system, the child care facility may meet the definition of a "Public Water System" under the federal Safe Drinking Water Act. Please contact the Drinking Water Program at (207) 287-2070 to determine your water testing requirements.

Source of Water Supply: ☐ Municipal ☐ Well
☐ Already regulated with the Drinking Water Program

Directions to Facility (required): Be specific and as detailed as possible. (No maps please)

SECTION 4: Owner / Operator Information (Person legally responsible)

Legal Name:

Title:

Familiar Names (i.e. maiden name, aliases):

Physical Address:

City:

State:

Zip:

County:

Mailing Address:

City:

State:

Zip:

County:

Date of Birth:

Social Security Number:

Telephone No.: ()

Email Address:

Background: This will be used as part of a comprehensive assessment of your application. The DLRS Licensor will discuss the following with you during the survey process. (Please use additional sheets of paper if necessary.)

Are you now, or have you ever been licensed, registered or certified to provide in home, professional or other services for children or adults?

☐ No☐ Yes, please indicate the type of care, approximate dates of service and name(s) under which you were licensed:

Have you had any prior licensing sanctions issued to you, such as a conditional license, license suspension, denial of a licensing application, fine, or revocation of a child or adult care license?

☐ No☐ Yes, please explain: _____

Have you, or has anyone employed by you, or has anyone living on the facility premises, or has anyone who frequents the facility been involved in the following:

1) Convicted of a crime

☐ No☐ Yes

2) Involved in a child protective investigation

☐ No☐ Yes

3) Named as a defendant in a Protection from Abuse Order

☐ No☐ Yes

4) Had children removed from care or custody by court order

☐ No☐ Yes

If you checked yes to any of the above, please explain:

Have you ever been treated for drug/alcohol abuse?

☐ No☐ Yes, please explain: _____

Have you ever received mental health services?

☐ No☐ Yes, please explain: _____

Is there any other information that would be useful in assessing your ability to provide care for children?

☐ No☐ Yes, please explain: _____

SECTION 5: Director Information				
Legal Name:			Title:	
Familiar Names (i.e. maiden name, aliases):				
Physical Address:				
City:	State:	Zip:	County:	
Mailing Address:				
City:	State:	Zip:	County:	
Date of Birth:	Social Security Number:		Telephone No.: ()	
Email Address:				
Education: List secondary school, college, professional schools, and training courses attended. (Please attach transcripts and certificates awarded to verify the following.)				
School Name	City/State	Last Grade Completed	Degree	Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Employment History: Provide employment history and non-employment direct experience with children. Please list last place of employment first. Examples of direct experience include coaching, volunteering, scouting, etc. (Attach separate sheet if necessary).				
Name and Address of Employer	Job Responsibilities	Dates From To	Reason(s) for Leaving	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	

SECTION 6: Health Care Consultant Information (if applicable)			
Legal Name:			Title:
Work Address:			
City:	State:	Zip:	County:
Mailing Address:			
City:	State:	Zip:	County:
Email Address:			Telephone No.: ()

SECTION 7: Submission

Remember to submit the following documents with your completed application. **Incomplete applications will be returned.**

- A non-refundable check or money order made payable to "Treasurer, State of Maine"

New applications must also include the following documents:

- Transcripts and/or certificates for the Director
- Three (3) references
- Floor plan
- Training certificate(s), if applicable

SECTION 8: Declaration

I/We have received, read and understand the **"Rules for the Licensing of Nursery Schools" effective 9/27/2004**. I/We understand that this application authorizes representatives of the Department of Health and Human Services and the State Fire Marshal's Office (if applicable) to make such visits and inspections as may be necessary to ensure that the facility is in compliance with the laws and rules pertaining to the operation of child care facilities.

I/We also understand that the signing of this application effectively serves as a release of information and gives permission to the Department of Health and Human Services to obtain any criminal, child protective and motor vehicle records for owner/operator/director which may be on file in any Country, State or Federal Office. Failure to disclose any criminal convictions, including operating under the influence (OUI), may result in denial of this application.

I/We understand any falsification of statement may be grounds for denial.

I/We further certify that all information contained in this application is complete and accurate.

Print name of Owner/Operator

Signature of Owner/Operator

Date

Print name of Director

Signature of Director

Date